Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5086HOS		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
				A. BUILDING B. WING		04/23/2009				
NAME OF PE	ROVIDER OR SUPPLIER	111000001100	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		3/2003			
				RANGO DR	, • •					
CENTENN	IIAL HILLS HOSPITAL M	IEDICAL CENTER	LAS VEGA	LAS VEGAS, NV 89149						
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	(X5) COMPLETE DATE					
S 000	S 000 Initial Comments			S 000						
	This Statement of Deficiencies was generated as the result of a complaint investigation survey conducted at your facility on 04/23/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.									
	The following complaints were investigated.									
	Complaint #NV00021623 - Substantiated (Tag # S0310) Complaint #NV00021588 - Substantiated (Tag # S0292 ,S0298)									
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.									
	The following regulatory deficiencies were identified.									
S 292 SS=G	NAC 449.361 Nursing Services			S 292						
	number of licensed repractical nurses and nursing care to all pasufficient number of remembers of the nurse all times to ensure the each patient. A personurse may be assign (a) The extent of care consistent with his edis within his scope of	registered nurses and or ing staff must be on durt at proper care is provid on who is not a registered ed to care for a patient, a provided by the perso ducation and experience practice; and pervised by a registered	sed ride other ty at ed to ed if: on is e and							

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 292 S 292 Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure there was a sufficient number of nursing personnel to provide proper nursing care to patients located on the 7th floor as needed. (Patient #2) Findings Include: 1. A Physician History and Physical dated 01/25/09 indicated Patient #2 was admitted to the 7th floor of the facility with a chief complaint of syncope. The patient reported passing out for a few seconds and complained of weight loss and lightheadedness. The patient complained of dysphagia (difficulty swallowing) and persistent nausea. The patient had increased abdominal pain and an elevated white blood cell count. The patient was seen and evaluated by surgery and was diagnosed with acute cholecystitis (inflamed gallbladder). The patient underwent a laparoscopic cholecystectomy. Post surgery the patient developed respiratory failure, developed sepsis, and required ventilator support. The patient developed acute renal failure and was placed on dialysis. On 03/12/09, a family member revealed the following: - On 01/28/09, while visiting Patient #2 on the 7th floor of the facility, the patient was having severe diarrhea. The nursing staff on the 7th floor never responded to assist in cleaning the patient. - On 01/29/09, the family arrived and found the patient was again having severe diarrhea. The door to the patients room was open and nurses who were seated at the nursing station had a direct line of sight into the room. The nurses could see the family was cleaning up the patients feces and assisting the patient to the bathroom.

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 292 S 292 Continued From page 2 No nurse entered the room at that time to assist with cleaning the patient or assisting the patient to the bathroom. A family member went to the nursing station and asked for a clean diaper and gown for the patient. A nurse responded to the room with a diaper and gown but did not stay or assist the family in cleaning the patient up. On 03/12/09, another family member revealed the following: - On 01/29/09, while visiting Patient #2 on the 7th floor of the facility the patient had severe diarrhea. The family member indicated she had to clean the patient up herself because the nursing staff was not available. The family member indicated she was told by the nursing staff they were too busy to assist. The family member indicated she felt the 7th floor was understaffed with nurses and felt the patient had no help. - On 01/29/09, while family was visiting the patient, the patient was having bouts of diarrhea stools. The family was in the process of cleaning the patient up when a CNA (Certified Nursing Assistant) entered the patients room and said, "Ok you guys finish with your mom." The CNA then left the room and was not seen again that day or evening. The family member indicated she had to clean the patient three more times from diarrhea stools that day without any nursing staff assistance. - On 02/18/09, a family member came to visit the patient and found the patient was sitting it diarrhea stool and her feeding tube was leaking onto the bed. The top of the patient's bed was soaked. The family member indicated she activated the call light, but no nurse responded.

The family member walked to the nursing station but found no nurses there. The family member indicated she waited 20 minutes for a nurse to

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 292 Continued From page 3 S 292 respond to the call light and assist the patient, but no nurse responded. The family member then walked down the hallway of the unit yelling into each room that she needed a nurse to assist the patient. The family member indicated she finally made contact with a unit coordinator who directed her to the charge nurse. The charge nurse looked busy and advised the nursing staff would get to the patient as soon as they could. Nursing Note dated 01/29/09 at 6:31 PM, indicated the patient was having loose yellow stool. The bedding was changed and the patient was ambulated to the bathroom. Nursing Note dated 01/29/09 at 9:40 PM, included the patient had complained of diarrhea and abdominal pain. The patient claimed to have diarrhea stools four times during the day. On 04/23/09 at 3:00 PM, the Chief Nurse confirmed in the last 3 months she had received complaints from nursing staff and CNAs on the 7th floor regarding deficiencies in the staffing levels. The Chief Nurse acknowledged staffing for the past 3 months had been difficult and the facility had used too many temporary staff from registry to fill staffing needs. The Chief Nurse reported there was a problem with the previous Nursing Director for the 6th and 7th floor and there were problems with inadequate supplies and staff training issues. The prior Nursing Director was not up to the task and had to leave employment. The Chief Nurse indicated the facility staffing on the 7th floor was based on a staffing grid and daily patient acuity reports. The Chief Nurse confirmed when the census on the 7th floor dropped below 26 patients one of the

CNAs scheduled would be sent home or transferred to another unit at 12:00 PM, leaving

PRINTED: 06/08/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 292 S 292 Continued From page 4 one CNA to assist all the patients on the unit. A unit coordinator stationed at the nursing station if available, could assist patients on the unit. 2. The following were confidential interviews with random employees: - On 04/23/09 at 12:15 PM, an employee indicated the staffing on the unit consisted of one CNA assigned to each hallway to assist patients and one registered nurse assigned to every 6 to 7 patients. The CNA's duties included taking vital signs, assisting with feeding patients, providing bed baths/showers to patients, assisting patients with feeding and activities of daily living, cleaning patients who were incontinent of urine and stool. discharging/escorting patients and charting. The employee indicated when the patient census would fall below 26 patients one of the CNAs would be sent home or moved to another unit at 12:00 PM, leaving only one CNA to assist 25 patients from 12:00 PM to 6:00 PM. If the census stayed below 26 patients the night shift would have only one CNA during the night to assist patients. The unit coordinator was often too busy answering phones and taking physician orders off the chart to assist in patient care. The employee indicated the staffing was not adequate or safe and acknowledged that many times patients were complaining due to call lights not being answered on a timely basis. The employee indicated nursing administration was informed one month ago about the staffing deficiencies on the 7th

floor and was advised the administration would

- On 04/23/09 at 12:30 PM, an employee indicated if the patient census was above 26 patients one CNA would be assigned to each hallway on the unit. When the census would fall

look into the staffing issues.

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the staffing on the 7th floor had gotten worse in

inadequate to meet the needs of the patients on the unit. When the unit census would fall below

the past 6 months and was unsafe and

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II. Policy: "The Patient Classification Index form (PCI) is initiated upon admission and completed each shift by the patients nurse. The Clinical Supervisor will utilize the information on the PCI summary form to assign patients based on level

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6. The Acuity form dated 03/16/09, indicated 14 out of 27 patients had no total acuity score

7. The Acuity form dated 03/22/09, indicated 18 out of 29 patients had no total acuity score

8. The Acuity form dated 03/27/08, indicated 18 out of 25 patients had no total acuity score

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score documented.
13. The Acuity form dated 04/06/09, indicated 3 out of 25 patients had no total acuity score documented.
14. The Acuity form dated 04/09/09, indicated 28

out of 23 patients had no total acuity

out of 28 patients had no total acuity score documented.

12. The Acuity form dated 04/05/09, indicated 18

15. The Acuity form dated 04/10/09, indicated 14 out of 26 patients had no total acuity score documented.

16. The Acuity form dated 04/11/09, indicated 20 out of 20 patients had no total acuity score documented.

17. The Acuity form dated 04/12/09, indicated 3 out of 21 patients had no total acuity score documented.

18. The Acuity form dated 04/12/09 indicated, 13 out of 13 patients had no total acuity score

19. The Acuity form dated 04/18/09 indicated, 15 out of 21 patients had no total acuity score documented.

On 04/23/09, a review of the facility's Medical Surgical Staffing Grid for the 6th and 7th floor indicated when the patient census fell below 30 patients the staffing consisted of 1 clinical supervisor, 5 registered nurses, 1 unit coordinator and 1.5 CNAs. When the patient census fell

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		NVS5086HOS		B. WING		04/23/2009		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•		
I CENTENNIAL HILLS HOSDITAL MEDICAL CENTED I				DURANGO DR GAS, NV 89149				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S 292	Continued From page	e 9		S 292				
S 298 SS=D	below 24 patients the staffing consisted of 1 clinical supervisor, 4 registered nurses, 1 unit coordinator and 1 CNA. The facility's Staffing plan Policy dated 11/07 included the following: a. "Staffing will be coordinated through the Staffing Office, with input from the Unit Director, House Supervisor, and Chief Nursing Officer." b. "Unit staffing needs are based on census and patient classification requirements." c. "Staff may be added or deleted to a unit to meet patient care needs." Severity: 3 Scope: 1 Complaint #NV00021588		S 298					
	services in accordance	ce with nationally recog and physicians' orders	nized					
	Based on interview, review the facility fails received proper treats service. (Patient #2)	ot met as evidenced by: ecord review and docu ed to ensure a patient ment and care by its nu	ment					
	Findings Include:							
		Care Standards of Car ncluded the following: " illy care to include						

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of diarrhea stools. The family was in the process of cleaning the patient up when a CNA (Certified Nursing Assistant) entered the patients room and said, "Ok you guys finish with your mom." The

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 298 S 298 Continued From page 11 CNA then left the room and was not seen again. that day or evening. The family member had to clean the patient up three more times from diarrhea stools without nursing assistance that day. On 02/18/09, a family member arrived to visit Patient #2 and found the patient was sitting in diarrhea stool and her feeding tube was leaking onto the bed. The top of the patient's bed was soaked. The call light was activated, but no nurse responded. The family member walked to the nursing station, but found no nurses there. The family member waited 20 minutes for a nurse to respond to the call light and assist the patient, but no nurse responded. The family member then walked down the hallway of the unit velling into each room that she needed a nurse to assist the patient. The family member finally made contact with a unit coordinator who directed her to the charge nurse. The charge nurse looked busy and advised the nursing staff would get to the patient as soon as they could. The Nursing Note dated 01/29/09 at 6:31 PM, indicated the patient was having loose yellow stool. The bedding was changed and the patient was ambulated to the bathroom. The Nursing Note dated 01/29/09 at 9:40 PM, included the patient had complained of diarrhea and abdominal pain. The patient claimed to have diarrhea stools four times during the day. Severity: 2 Scope: 1 Complaint #NV00021588

S 310 NAC 449.3624 Assessment of Patient

SS=D

S 310

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 310 Continued From page 12 S 310 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to provide a patient with the appropriate care and continually assess the needs of the patient throughout the patients contact with the hospital. (Patient #1) Findings include: A Physician History and Physical dated 03/03/09 indicated Patient #1 was admitted to the facility on 03/03/09 with a chief complaint of a cough and shortness of breath. A CT scan (computerized tomography) of the chest revealed dense lower lobe consolidation with pneumonia and small scattered infiltration in the upper lobes. The patients medical history included hypothyroidism, diabetes and hypertension. The patient was discharged from the facility on 03/11/09. Patient #1 reported being hospitalized for nine days at the facility. The patient indicated she repeatedly complained to the nursing staff about constipation and inability to have a bowel movement for nine days. The patient indicated on the ninth day of hospitalization, prior to transfer the nursing staff medicated her with numerous laxative pills and enemas. A review of Physician Admission Orders dated 03/03/09, revealed no medication orders for laxatives for Patient #1. The patient had

PRINTED: 06/08/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5086HOS 04/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6900 N DURANGO DR **CENTENNIAL HILLS HOSPITAL MEDICAL CENTER** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 310 S 310 Continued From page 13 medication orders that included Robitussin with Codeine Syrup for a cough and Morphine for pain. Medication Administration Records indicated the patient received both medications on 03/03/09. The patient received Robitussin with Codeine cough syrup on 03/04/09, 03/05/09, 03/06/09, 03/07/09, 03/08/09, 03/09/09. A Physicians order dated 03/11/09 at 8:50 AM, documented MOM (milk of magnesia) 30 cc PO (by mouth) every 6 hours PRN (when needed) for constipation. Dulcolax 2 tabs PO daily PRN constipation. A Physicians Order dated 03/11/09 at 1:50 PM, documented a Fleets enema was ordered for the patient. A review of the patients Medication Administration record dated 03/11/09, indicated the patient received MOM at 9:29 AM and 4:43 PM. The patient received 2 Dulcolax tabs at 9:29 AM and 4:43 PM. The patient received a Fleets enema at 3:00 PM and at 4:30 PM with large results. GI/GU (Gastrointestinal/Genitourinary) Assessment dated 03/11/09, documented, "Abdomen firm, patient states she hasn't had a BM (bowel movement) in 10 days, no PRN (when needed) call placed to DR." A review of the Nursing Notes revealed the

03/11/09 at 8:00 AM, "Patient complained of no bowel movement for 10 days. Blood pressure is

73/44, assisted patient back to bed."

On 03/11/09 at 8:35 AM, "Call placed to

following:

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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
CENTENNIAL HILLS HOSDITAL MEDICAL CENTED I			I	RANGO DR S, NV 89149			
(X4) ID PREFIX TAG		ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIEN	(X5) COMPLETE DATE		
S 310	(EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		ed call, orders asked and a little ment."	S 310	DEFICIENT	CY)	
	indicated she had re receiving the patient constipated for 9 da Chief Nurse confirm	10 PM, the Chief Nurse eviewed the patient chats complaint regarding by without treatment. The the nursing staff did f the patient had a bower.	peing he not				

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